



**GEORGIA MEDICAID FEE-FOR-SERVICE
ACNE AND ROSACEA AGENTS, TOPICAL PA SUMMARY**

Preferred	Non-Preferred
<i>Topical Miscellaneous and Combination Products</i>	
<p>Avita (tretinoin cream 0.025%, tretinoin gel 0.025%)* Azelex (azelaic acid cream 20%)* Clindamycin 1% gel, lotion, solution, swab generic Clindamycin 1.2%/benzoyl peroxide 5% gel generic Epiduo Forte (0.3% adapalene/2.5% benzoyl peroxide)* Erythromycin 2% gel, solution generic Metrogel Tube 1% (metronidazole) Tazorac (tazarotene cream, gel 0.05%, 0.1%)* Tretinoin cream 0.025%, 0.05%, 0.1%* Tretinoin gel 0.01%, 0.025% generic*</p>	<p>Acanya (clindamycin 1.2%/benzoyl peroxide 2.5%) Aczone (dapsone gel 5%, 7.5%) Adapalene cream, gel generic Adapalene 0.1%/benzoyl peroxide 2.5% generic Aklief (trifarotene) Altreno (tretinoin lotion 0.05%) Amzeeq (minocycline foam 4%) Arazlo (tazarotene lotion 0.045%) Clindamycin 1% foam generic Clindamycin 1%/benzoyl peroxide 5% gel generic Clindacin Kit/Pac (clindamycin swab 1% and cleanser) Differin (adapalene cream, gel, lotion)* Ery Pad (erythromycin) Erythromycin/benzoyl peroxide generic Erythromycin pad generic Evoclin 1% foam (clindamycin) Fabior (tazarotene 0.1% foam) Finacea (azelaic acid aerosol/foam and gel 15%) Metronidazole cream, gel (tube and pump), lotion Noritate (metronidazole cream 1%) Neuac gel/kit (clindamycin 1.2%/benzoyl peroxide 5% gel, moisturizer cream) Onexton (clindamycin 1.2%/benzoyl peroxide 3.75%) Retin-A Micro (tretinoin microsphere gel 0.04%, 0.06%, 0.08%, 0.1%) Retin-A Micro Pump (tretinoin microsphere gel 0.04%, 0.1%) Rosadan Kit (metronidazole 0.75% cream or gel, OTC cleanser) Soolantra (ivermectin) Tretinoin gel 0.05% generic (generic Atralin) Tretinoin microsphere gel 0.04%, 0.1% generic Tretinoin microsphere gel pump 0.04%, 0.1% generic Ziana (clindamycin 1.2%/tretinoin 0.025% gel) Zilxi (minocycline foam 1.5%)</p>
<i>Topical Sulfacetamide Products</i>	
<p>BP Emulsion (sulfacetamide sodium/sulfur in urea emulsion 10-4%) Sulfacetamide sodium/sulfur liquid cleanser 9.8%-4.8%</p>	<p>BP Emulsion (sulfacetamide sodium/sulfur emulsion 10-1%) Sulfacetamide sodium lotion, liquid wash 10% generic Sulfacetamide sodium/sulfur aerosol, cream 10-5% generic Sulfacetamide sodium/sulfur pad 10-4% generic Sulfacetamide sodium/sulfur liquid wash 9-4% generic Sulfacetamide sodium/sulfur in urea emulsion 10-5%</p>



	generic Sumaxin Pad (sulfacetamide sodium/sulfur pad 10-4%) Sumaxin Wash (sulfacetamide sodium/sulfur wash 9-4%)
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*requires PA for members 21 years of age and older; ^requires PA for members 30 years of age and older

LENGTH OF AUTHORIZATION: 1 year

NOTES:

- Avita, Azelex, brand Differin, Epiduo, generic tretinoin cream and gel require PA for members 21 years or older. Tazorac requires PA for members 30 years or older.
- If generic adapalene is approved, the PA will be issued for brand Differin. If brand Evoclin is approved, the PA will be issued for generic clindamycin 1% foam. If brand Sumaxin Wash is approved, the PA will be issued for generic sulfacetamide sodium/sulfur wash.

PA CRITERIA:

Topical Miscellaneous and Combination Products

Avita, Azelex, Epiduo Forte, Tretinoin Cream Generic, Tretinoin 0.01%, 0.025% Gel Generic

- ❖ Approvable for members with a diagnosis of acne vulgaris. PA is not required for members less than 21 years of age.

Tazorac

- ❖ Approvable for members with a diagnosis of acne vulgaris or plaque psoriasis. PA is not required for members less than 30 years of age.

Acanya, Clindamycin 1%/Benzoyl Peroxide 5% Gel Generic, Onexton

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with two preferred topical antibiotic products for acne, one of which must be clindamycin 1.2%/benzoyl peroxide 5%.

Aczone

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with two preferred topical antibiotic products for acne.

Adapalene Cream/Gel Generic, Differin

- ❖ Approvable for members with a diagnosis of acne vulgaris who have experienced ineffectiveness with at least two preferred products, one of which must be a preferred retinoid (Avita, Tazorac, tretinoin generic).

Adapalene 0.1%/Benzoyl Peroxide 2.5% Generic

- ❖ Approvable for members with a diagnosis of acne vulgaris who have experienced ineffectiveness with at least two preferred products, one of which must be Epiduo Forte.



Aklief

- ❖ Approvable for members with a diagnosis of acne vulgaris who have experienced ineffectiveness with a preferred retinoid product (Avita, Tazorac, tretinoin cream generic) and a non-preferred adapalene product (adapalene generic, Differin).

Amzeeq, Clindamycin 1% Foam Generic, Clindacin Kit/Pac, Evoclin

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with two preferred topical antibiotic products for acne, one of which must be clindamycin.

Arazlo, Fabior

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred products, Tazorac and at least one other preferred retinoid product (Avita, tretinoin generic), are not appropriate for the member.

Ery Pad, Erythromycin Pad Generic, Erythromycin/Benzoyl Peroxide Generic

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with two preferred topical antibiotic products for acne, one of which must be erythromycin.

Finacea, Soolantra, Zilxi

- ❖ Approvable for members with a diagnosis of acne rosacea who have experienced failure, allergy, contraindication, drug-drug interaction or intolerable side effect to the preferred product, Metrogel.

Metronidazole Cream/Gel/Lotion/Pump Generic, Noritate, Rosadan Kit

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, brand Metrogel 1% tube, is not appropriate for the member.

Neuac Gel/Kit

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons the preferred product, generic clindamycin 1.2%/benzoyl peroxide 5%, is not appropriate for the member.

Retin-A Micro Gel, Retin-A Micro Pump, Tretinoin Microsphere Pump Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reasons generic tretinoin microsphere in tube (not pump) is not appropriate for the member.

Altreno, Tretinoin Gel 0.05% Generic (Generic Atralin) and Tretinoin Microsphere Generic

- ❖ Approvable for members with a diagnosis of acne vulgaris who have tried and failed therapy with a preferred tretinoin product (Avita, tretinoin generic) and Azelex.

Ziana

- ❖ Approvable for members with a diagnosis of acne vulgaris who have failed therapy with the preferred products used together, clindamycin 1% gel and tretinoin 0.025% gel or Avita 0.025% gel.



Topical Sulfacetamide Products

Non-Preferred Sulfacetamide Sodium and Sulfacetamide Sodium/Sulfur Products

- ❖ For members with a diagnosis of acne vulgaris, acne rosacea or seborrheic dermatitis, prescriber must submit a written letter of medical necessity stating the reasons the preferred products, BP Emulsion 10-4% and sulfacetamide sodium/sulfur liquid cleanser 9.8%-4.8% generic, are not appropriate for the member.

EXCEPTIONS:

- Exceptions to these conditions of coverage are considered through the prior authorization process.
- The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA AND APPEAL PROCESS:

- For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Pharmacy and click on [Other Documents](#), then select the most recent quarters QLL list.